



CREDIT TRANSFER FORM

Credit Transfer relates to formal qualifications or units of competencies that have been gained from the previous study at a recognised training organisation (RTO) or TAFE that *are the same as the units delivered at ACES*. This form applies to *Building Biology students* who have completed any of the following unit of competencies from a Registered Training Organisation or TAFE.

I am applying for Credit Transfer for the following unit of competency(s) (please tick):

Tick	UNIT CODE	UNIT TITLE
	BSBESB401	Research and develop business plans
	BSBSMB404	Undertake small business planning

Your application must include a certified copy of your qualification (*Certificate/Diploma*) AND *Statement of Attainment* that has been certified by an *appropriate authority* (pharmacist, judge, police person....). If the evidence is incomplete or not compliant you will be advised by the training manager. The Training Manager will review your application and contact you with written advice of the outcome within fourteen (14) business days of this application.

If the Statement of Attainment or certificate/diploma is older than the current Training Package / accredited course, you will be required to map the old unit codes against the new codes to demonstrate that they are the same and that credit can be granted. In this case, you will need to complete the Recognition of Prior Learning Application Form (fees apply).

STUDENT DETAILS		
Title:	Family Name:	Given Name/s:
Address:	Street:	
	Suburb/Town:	State: Post Code:
Email Address:		Date of Birth: / / (dd/mm/yyyy)
Home Phone: (include area code)		Mobile Number:



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List the Supporting Evidence below:

EVIDENCE/SUPPORTING DOCUMENTS ATTACHED (Testamurs)	Tick below
Certificate/Diploma:	<input type="checkbox"/>
Statement of Attainment:	<input type="checkbox"/>

DECLARATION
<p>1. I understand and agree and consent that my personal information may be made available to Commonwealth and State agencies (e.g. ASQA, VRQA, DFEEST, DEST, DIAC) or their successors in connection with [insert RTO name] registration and/or compliance audits as required by legislation</p> <p>2. I hereby declare that all details in this application are true and accurate</p> <p>3. I understand that incomplete documentary evidence will not be processed</p> <p>4. I do hereby certify that this application has been completed by me personally</p> <p>Applicant Name: _____</p> <p>Applicant Signature: _____</p> <p>Date: ____ / ____ / _____</p>

OFFICE USE ONLY	
Application received by:	
Date application received:	
All evidence provided (detail what is still required)	
Application approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No If not Approved, state the reason why:
Signature of Training Manager:	Date: ____ / ____ / ____